

#### Missouri Ethics Commission COMMITTEE DISCLOSURE REPORT COVER PAGE

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1. DATE OF REPORT OFFICE USE ONLY

M.E.C. ID NO. INSTRUCTIONS ON REVERSE SIDE 2. FULL NAME OF COMMITTEE 4. COMMITTEE TELEPHONE NUMBER 314-385-6293 5. TREASURER'S NAME 7. TREASURER'S TELEPHONE NUMBER 6. TREASURER'S MAILING ADDRES 314-601-3816 CITY / STATE / ZIF WORK CHECK IF NO DEPUTY TREASURER 8. DEPUTY TREASURER'S NAME 10. DEPUTY TREASURER'S TELEPHONE NUMBER 9. DEPUTY TREASURER'S MAILING ADDRESS HOME: CITY / STATE / ZIP WORK: 12. TYPE OF ELECTION (CHECK ONE) 11. DATE OF ELECTION PRIMARY SPECIAL **O** GENERAL 13. TIME PERIOD COVERED BY THIS STATEMENT THROUGH 3 FROM 14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, 15. TYPE OF REPORT ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND 15 DAYS AFTER CAUCUS NOMINATION POLITICAL PARTY Citizens to Elect Jamelah Nashed 314-385-6243 State Representative District 60 COMMITTEE QUARTERLY REPORT \_\_\_ Jan 15 Apr 15 | Jul 15 Oct 15 8 DAYS BEFORE 30 DAYS AFTER ELECTION TERMINATION (ATTACH FORM CO-3) MISSOURI ETHICS SEMIANNUAL DEBT REPORT Jan 15 Jul 15 BOMMISSION ANNUAL SUPPLEMENTAL, JAN 15 APR 2 1 2006 15 DAYS AFTER PETITION DEADLINE OTHER CHECK IF INCUMBENT AMENDING PREVIOUS REPORT DATED 20 17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) 16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND **ACCURAT** ACCURATE. NDIDATE'S SIGNATURE



### Missouri Ethics Commission REPORT SUMMARY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE
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	T***	<del>,                                    </del>	1	V TOTAL STREET
RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT BEGINNING AND	
TOTAL RECEIPTS FOR THIS ELECTION     PREVIOUSLY REPORTED		\$ /3025	FINANCIAL CON	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	s 8860		MONEY ON HA	AND
3. ALL LOANS RECEIVED THIS PERIOD	+ \$		MONET ON TH	,
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$		25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING	
5. <b>SUBTOTAL</b> MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	s 8860		FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 10414
IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$	The state of the s	26. MONETARY RECEIPTS THIS PERIOD	. 6.64.0
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	s 8860		(FROM ITEM 5)	+\$ 8860
<ol> <li>FUNDS USED FOR REPAYING LOANS THIS PERIOD</li> </ol>	Y		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		s 21,885	a) Disbursements By Check \$_3666 b) Disbursements By Cash \$	-\$ 3066
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	28. MONEY ON HAND AT THE CLOSE OF	\$ 16208
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		s 2011	THIS REPORTING PERIOD (SUM-25 + 26 - 27)	I TO FOG
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	s 3 <b>0</b> 66		INDEPTEDNE	88
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+\$		INDEBTEDNE	
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$		29. OUTSTANDING INDEBTEDNESS AT THE	
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 3066		BEGINNING OF THIS PERIOD	3
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$5077	30.	+ \$
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	LOANS RECEIVED THIS PERIOD	T
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		s 660	31.	
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$		NEW DEBTS INCURRED THIS PERIOD	+\$ 
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+\$		32. PAYMENTS MADE ON LOANS THIS	œ.
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$		PERIOD	- \$
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 600	33. CREDITS RECEIVED ON LOANS THIS	c
OTHER DISBURSEMENTS	A. THIS PERIOD	B. THIS ELECTION	PERIOD	-\$
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+\$		34. PAYMENTS MADE THIS PERIOD ON	¢
PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+\$		DEBTS INCURRED IN PREVIOUS PERIOD	- \$
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$		35. TOTAL INDEBTEDNESS AT THE CLOSE	4
<sup>24.</sup> TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$		OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	<b>\$</b>
				CO SIMMARY



## MISSOURI ETHICS COMMISSION CONTRIBUTIONS AND LOANS RECEIVED INSTRUCTIONS ON REVERSE SIDE

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1. NAME OF COMMITTEE OF TOWNSHIP OF A POST	2. REPORT DATE	···
A. ITEMIZEZ CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING	4. DATEJREOUIVED	(CHECK IF
MORE THAN \$100 TO A COMMITTEE.	AGGREGATE TO	MONETARY
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE	OR IN-KIND)
NAME: Unique Painting	1 1/./	l e . ~ ·
CITY/STATE: 3 Floy are	1/11/06	1 00
EMPLOYER: Stolows Mo 6347		MONETARY
COMMITTEE:	\$ 100	IN-KIND
NAME: Chic C Dhoma	1//	
ADDRESS: CHE CIRCULA COMPANY	1/10/26	\$ 700
NAME: ADDRESS: Eric C. Rhone CITY/STATE: 4311 Mc pherson EMPLOYER: Stoleris Ms. 63/08	1 100	<b>X</b>
EMPLOYER: Stolery Ms. 63/08	\$ 200	MONETARY
NAME:		L IN-KIND
ADDRESS: Romey Scales	1/22/00	\$ 306
CITY/STATE: Go. 2 No ture Bruse	75/06	\$ 306
EMPLOYER: CLI M	6 700	MONETARY
COMMITTEE: Stary / 10 6311)	\$ 300	☐ IN-KIND
NAME: Hander Con Lam	2//	. 8.0
ADDRESS:	2/10/01	\$ <i>&gt;0</i> C
CITY/STATE: 3740 Emsight		- MONETARY
EMPLOYER: Stylons Ms. 63108	\$ 30c)	MONETARY IN-KIND
NAME:	//	T 114-VIAD
ADDRESS: ) Ucher's Juvestment	2/0/	\$ 2
CITY/STATE: 2500 N & Manel	18/06	100
IEMPLOYED:	\$ 500	MONETARY
COMMITTEE: Stalono Mo. 63167	* 700	☐ ÎŅ-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 1100
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$' 4760
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)	•	\$ 860
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)	' ;	AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM	CD1A	\$
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING	\$100 OR LESS	\$
C. LOANS RECEIVED	16. DATE	17. AMOUNT OF LOAN
15. NAME AND ADDRESS OF LENDER	RECEIVED	(IF MORE THAN \$100
NAME:		ATTACH CD-1B)
ADDRESS:		
CITY / STATE:		\$
NAME:		5
ADDRESS:		
CITY / STATE:		\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)	· •	\$
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$
21 TOTAL ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$
22. TOTAL. ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & AD	DRESS (SUM 9, 13 & 20)	\$
		FORM CD1



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NAME OF COMMITTEE Clot Jamlah Vashaed	DATE / 10/6/0					
INSTRUCTIONS						
PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.						
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Item Form CD-1.		Any Attached Pages) on				
If further information is needed concerning reporting itemized expenditures, see Form CD-1	Instructions.					
A. ITEMIZED CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED				
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.  3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO	(CHECK IF MONETARY OR IN-KIND)				
NAME:	1/					
ADDRESS: Slefteme Consulling Gronf CITY/STATE: 526/ Do Oman	2/9/06	\$ 150				
EMPLOYER: Stolows Mr. 63108	\$ 150	MONETARY IN-KIND				
	11-1	\$ 6				
ADDRESS: Theodore Becley CITY/STATE: 6114 5 herry are	1/27/06	160				
EMPLOYER: Stolow Mo. 63/36	\$ 60	MONETARY IN-KIND				
NAME: ADDRESS: 58th Democratic Regulative 05	2//	\$ 776				
CITY/STATE: 1401 Comet Ar	1/12/96	* 365				
EMPLOYER: Stolons Mo. 63137	\$ 325	MONETARY IN-KIND				
NÂME: People for EL'anni Serate		\$ 70.0				
CITY/STATE: 5058 Durantave	0/1906	325				
EMPLOYER: Stolows Me. 63115	\$ 325	MONETARY IN-KIND				
NAME: RUDOLF Smilts.	2/2/06	<b>\$</b>				
CITY/STATE: 240 Millmulge Dr	7790	S-6				
CITY/STATE: 240 Millouge Dr EMPLOYER: Moscow Mo 63362	* 50 · · ·	IN-KIND				
NAME: ADDRESS: Building Quoentinant Group	2/2/06	\$ 306				
CITY/STATE: 7250 A Natural Burge		MONETARY				
COMMITTEE: Stalono Ma, 63121	\$ 300	IN-KIND				
NAME: ADDRESS: INKOSI	nt la	\$150				
CITY/STATE: 5261 Delman	4/9/06	10				
NAME: ADDRESS: INKOSI CITY/STATE: 5261 Delman EMPLOYER: COMMITTEE: Stolors No. 63108	\$ 150	MONETARY IN-KIND				
EMPLOYER:  COMMITTEE: Stolors No. 63108  NAME: ADDRESS: CITY/STATE:  EMPLOYER:  Stolors No. 63108  COMMITTEE: Stolors No. 63108  COMMITTEE: Stolors No. 63108  COMMITTEE: Stolors No. 63108	2/22/20	\$ 725				
CITY/STATE: 14 [ Comety)	12700	MONETARY				
EMPLOYER: Strlens Mw. 63137	\$ 325	IN-KIND				
TOTAL: ITEMIZED CONTRIBUTIONS		\$ 1685				
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)						



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NAME OF COMMITTEE Clest Jon lah Woshed	3/10/08	O				
INSTRUCTIONS  PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1  (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.						
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Item Form CD-1.		Any Attached Pages) on				
If further information is needed concerning reporting itemized expenditures, see Form CD-1		I				
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.  3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)				
NAME: 7 Eleven ADDRESS: 341 Homahire	3/7/06	\$250				
CITY/STATE:  EMPLOYER:  COMMITTEE:  NAME:  DELICITY/STATE:  1.63/16  COMMITTEE:	\$ 250	MONETARY IN-KIND				
ADDRESS: PATT SCOROGY CITY/STATE: 288 Word Cliffe EMPLOYER: Chesterfield: Mo 6 30 05  COMMITTEE:	\$ 32500	\$ 325 MONETARY IN-KIND				
NAME: ADDRESS: Prefitters voluntary Political, El CITY/STATE: 12385 Caremore EMPLOYER: 63138	3/3//06	\$ 32.5    MONETARY   IN-KIND				
NAME: ADDRESS: Justitution de Public Employees CITY/STATE: Local 410 EMPLOYER: DE COMMITTEE:	3/31/06	\$ 150 Monetary				
NAME: ADDRESS: STephey Dros, auto CITY/STATE: 523244 Natural Budge EMPLOYER: COMMITTEE: Stilony Ma. 63115  NAME: DG-20010 Co. 1	3/31/06	\$ 100 MONETARY IN-KIND				
ADDRESS:	3/31/06	\$ 325 MONETARY IN-KIND				
EMPLOYER:  COMMITTEE: St. lons Me. 63112  NAME: ADDRESS: CITY/STATE: EMPLOYER: COMMITTEE: St. lons COMMITT	3/31/06	\$ 250 MONETARY IN-KIND				
NAME: ADDRESS: Odonna Davis CITY/STATE: 2639 Forum EMPLOYER: St. Line 12 118	3/27/06	\$ 325				
American Colonia (Colonia Colonia Colo	<b>3/</b> 9	\$ 2050				
TOTAL: ITEMIZED CONTRIBUTIONS  (CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHE	ED PAGES" ON FORM CD					

FORM CD-1 SUPPLEMENTAL



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INSTRUCTIONS  PURPOSE: The purpose of the Contributions Received supplement is to provide a printed (Contributions Received). This form should be used as additional space for reporting personmittee contributions. This form may be reproduced as needed.	outline for attaching additions contributing more than	ional pages to Form CD1 n \$100 and for		
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Item Form CD-1.	mized Contributions From A	Any Attached Pages) on		
If further information is needed concerning reporting itemized expenditures, see Form CD-	1 Instructions.			
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED  AGGREGATE TO DATE	5. AMOUNT RECEIVED  (CHECK IF MONETARY  OR IN-KIND)		
NAME: ADDRESS: Robert Clark CITY/STATE: 2199 Innorbelt business Carly EMPLOYER: COMMITTEE: Stilons Mr. 63114	3/7/06 \$ 325	\$ 32.5 MONETARY IN-KIND		
NAME: ADDRESS: lavy chopman CITY/STATE: 2499 Amelbelt Business of EMPLOYER: COMMITTEE: Stilves M. 63114	\$ 325	\$ 325 MONETARY IN-KIND		
NAME: 8900 Natural Bridge CITY/STATE: 2199 June Let Business Ctt EMPLOYER: COMMITTEE: Stylens Mc. 63114	3/8/06 \$ 325	\$ 325 MONETARY IN-KIND		
NAME: ADDRESS: Technology Drive CITY/STATE: 2199 Junibelt Ausines Center EMPLOYER: COMMITTEE: St. Lory Ma, 63 114	3/8/06	\$ 32.5  MONETARY IN-KIND		
NAME: ADDRESS: Cloyco CITY/STATE: 749 Innerbelt Business Centy EMPLOYER: COMMITTEE: Stilves Mr. 63/14	3/9/06 \$ 325	\$ 325 MONETARY IN-KIND		
NAME: ADDRESS: William young CITY/STATE: 6470 Everguen EMPLOYER: COMMITTEE: Stilers Mr. 63134	3/9/06	\$ 200 MONETARY IN-KIND		
EMPLOYER:  COMMITTEE: Stilers Ms. 63134  NAME: ADDRESS: CITY/STATE: EMPLOYER:  Stilers Ms. 63111	3/12/06	\$ Jeo Monetary in-kind		
NAME: McKinney's Hauling CITY/STATE: 30 1 S -15th 5Theef EMPLOYER: E St. Low Ill 62207	\$ 200	\$ 200 MONETARY IN-KIND		
TOTAL: ITEMIZED CONTRIBUTIONS		\$ 2225		
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)				





NAME OF COMMITTEE to Close Sunday Nasheed 13/10/06				
Instructions				
PURPOSE: The purpose of the Contributions Received supplement is to provide a printed of (Contributions Received). This form should be used as additional space for reporting perso committee contributions. This form may be reproduced as needed.	ns contributing more than	1 \$100 and for		
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Item Form CD-1.  If further information is needed concerning reporting itemized expenditures, see Form CD-1		Any Attached Pages) on		
A. ITEMIZED CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED		
FROM COMMITTEES REGARDLESS OF THE AMOUNT; OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.  3. NAME, ADDRESS AND OCCUPATION (LIST, COMMITTEES FIRST)	AGGREGATE TO DATE	(CHECK IF MONETARY OR IN-KIND)		
NAME: ADDRESS: asharli Mitchell ADDRESS: asharli Mitchell	in a first the state of the sta	ancida sand		
ADDRESS: USAGALA	3/27/06	\$525		
CITY/STATE: 829 Marias EMPLOYER: Stalows Ma 63137	\$ 325	MONETARY IN-KIND		
NAME: Jomes Buchanan	3/29/06	\$ 25		
CITY/STATE: 41717 lowsplace EMPLOYER: 410~ Mo 63113	\$ 25	MONETARY IN-KIND		
COMMITTEE:	, ,	/		
ADDRESS: Natalle Blackwell CITY/STATE: 4105 Bugeton Greens Dr	3/24/06	\$ 100		
EMPLOYER: Brigeto Mo 63044	\$ 100	MONETARY IN-KIND		
MAME:	5//	* 120		
ADDRESS: Clanet order CITY/STATE: 4221 Clanence	2/29/06	\$ 600		
		MONETARY		
EMPLOYER: Stolors Mo.63115	\$ 600	IN-KIND		
NAME: ALLA GERMON LOS CON	2/-/	¢ 7		
NAME: ADDRESS: Hush & Menberger CITY/STATE: 190 Caronfelet EMPLOYER:	11/106	\$ 100		
EMPLOYER: Statons No. 63/05	\$ 21>1	MONETARY		
The state of the s	CONTRACTOR	IN-KIND		
NAME: ADDRESS: Orald austin	3/27/06	\$ 300		
EMPLOYER: 5712 Soupling 6 COMMITTEE: 5 to land Mr 63136	\$ 300	MONETARY IN-KIND		
NAME: Sall a	1 /	- III-NIII		
ADDRESS: Malck Ahming CITY/STATE: 6519 hartemen	3/27/06	\$ 56		
EMPLOYER: Statures Alg. 63115	\$ 50	MONETARY IN-KIND		
NAME: One of Mukaman	>1_/	6 7		
ADDRESS: 900001 / 100 been the City/state: 5712 Danglein PL	1/27/06	100		
EMPLOYER: Stilbrus Mrs 103176	\$ 200	MONETARY IN-KIND		
TOTAL: ITEMIZED CONTRIBUTIONS		\$ 1300		
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHE	D PAGES" ON FORM CD	-1)		



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<b>对方的区域或效应</b>	STREET, STREET	A PARTY OF	A STATE

NAME OF DOMMITTEE to Elect Jump Pal Vasheed	_ DATE 3/10/96			
INSTRUCTIONS				
PURPOSE: The purpose of the Contributions Received supplement is to provide a printed	outline for attaching additi	onal pages to Form CD1		
(Contributions Received). This form should be used as additional space for reporting person	ons contributing more that	\$100 and for		
committee contributions. This form may be reproduced as needed.	_			
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Item	nized Contributions From	Any Attached Pages) on		
Form CD-1.		,		
i ·	l4			
If further information is needed concerning reporting itemized expenditures, see Form CD-1	instructions.			
A. ITEMIZED CONTRIBUTIONS RECEIVED	4. DATE RECEIVED	5. AMOUNT RECEIVED		
FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING		(CHECK IF MONETARY		
MORE THAN \$100 TO A COMMITTEE.	AGGREGATE TO	OR IN-KIND)		
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	DATE			
NAME: FINANCIAL FIRST FOCUS	11//			
ADDRESS:	1-4/7/166	700		
CITY/STATE: 8812 Parvida Que		MONETARY		
EMPLOYER: C/ (020 Mar/3/V)	\$ 200	IN-KIND		
COMMITTEE: 11 Cous pos. 6314.	777	LIN-KIND		
NAME: ADDRESS: Roghael O. Mossis	1/1/2/6	\$ 100		
ADDRESS: Roghael O. Morris CITY/STATE: 7158 Floorssant Dr	7/106	\$ 100		
EMPLOYER:		MONETARY		
COMMITTEE: Floriss pout Ma 63031	\$ 100	IN-KIND		
NAME:	11			
ADDRESS:	1/22/20	\$ [00		
CITY/STATE:	1400	1		
EMPLOYER: 625 N Eveled		MONETARY		
COMMITTEE: Stolery MB to 3108	\$ 100	☐ IN-KIND		
NAME.	. / /			
ADDRESS: Nate adams	1/26/20	\$ 1/00		
CITY/STATE: 3915 Streve	1,100	100		
	¢ //	MONETARY		
□ COMMITTEE: 5t, Was M223, 115	* 000	☐ IN-KIND		
NAME:				
ADDRESS:		\$		
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EMPLOYER:	\$	IN-KIND		
COMMITTEE:		L IN-KIND		
NAME:		\$.		
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CITY / STATE: EMPLOYER:	400400000000000000000000000000000000000	MONETARY		
COMMITTEE:	\$	IN-KIND		
NAME:				
ADDRESS:		\$		
CITY / STATE:		•		
EMPLOYER:	<b>C</b>	MONETARY		
COMMITTEE:	\$	IN-KIND		
TOTAL: ITEMIZED CONTRIBUTIONS		\$ 500		
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)				

FORM CD-1 SUPPLEMENTAL



# MISSOURI ETHICS COMMISSION EXPENDITURES AND CONTRIBUTIONS MADE INSTRUCTIONS ON REVERSE SIDE

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1. NAMED COMMITTEE Elect Jonnelal Vasher 3/10/06					
A. EXPENDITURES OF \$100 OR LESS/BY CATEGORY	4 AMOUNT DAID OD				
(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BE	4. AMOUNT PAID OR INCURRED THIS PERIOD				
3. CATEGORY OF EXPENDITURE	MOUNTED THIS PERIOD				
	\$				
		,	\$		
5. SUBTOTAL: NON-ITEMIZED EXPENDITURES THIS PAGE (SUM CO	DLUMN 4)	**************************************	\$		
6. SUBTOTAL: NON-ITEMIZED EXPENDITURES ANY ATTACHED PAGE			+ \$		
7. TOTAL: NON-ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6	3)		\$		
B. ITEMIZED EXPENDITURES ALL OVER \$100	,	10. PURPOSE - (IF	<u> </u>		
AND ALL PAYMENTS TO CAMPAIGN WORKERS	9. DATE	PAYMENT WAS TO A	11. AMOUNT THIS PERIOD		
8. NAME AND ADDRESS OF RECIPIENT		CAMPAIGN WORKER, SHOW AGGREGATE PAID)			
NAME: Zocheny Kens	1/2/	AGGILGATE FAID)	\$ 265		
ADDRESS: 8933 Books	1/3/06	Instatung	\$ PAID 365		
, 195, 25,00	10/00	\$ Signs	INCURRED		
NAME: C. DIALON		10	\$ 50 /		
comment office of	1/26/06	1 - Lysy mul	PAID 59		
ADDRESS: 10426 Lackland Rd	1/020/00	591			
CITY/STATE: St. long MG 63114	. 1	\$	INCURRED		
NAME: Somepress Druthy	1/14/06	1 n 2	\$ 400		
ADDRESS: P.U. Bay 3603421	11. [1.0	reality	PAID TX)		
CITY/STATE: S.f. Long No. 63130		\$ /	INCURRED		
NAME: Amhosi Pourte		10 4	\$ 100		
ADDRESS: 5261 Oelman	11106	Mulez	PAID PAID		
CITY/STATE: ST. Com Me. 63108		\$ '	INCURRED		
MAME.	2/15/2	Dadia	\$ 1100		
ADDRESS: 2656	2/15/06	Rocci	TX PAID 4/5		
CITY/STATE: (S.E. Com Mr. 6310)		s	INCURRED		
12. SUBTOTAL: THIS PAGE (SUM COLUMN 11)			\$ 2016		
13. SUBTOTAL: ANY ATTACHED PAGES			+\$ 1050		
14. TOTAL: ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 +13)	***************************************		\$ 2016		
15. TOTAL: MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)			\$ 3066		
16. AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD	·····	<del></del>	\$ 3066		
17. AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD	<u> </u>		\$ 5000		
18. IF COMMITTEE MADE ANY IN-KIND EXPENDITURES THIS PERIOR		<del></del>	\$		
19. FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FO	<u>'                                    </u>		\$		
C. MONETARY CONTRIBUTIONS MADE (REGARDLES	Ψ				
C. MONETART CONTRIBUTIONS MADE (REGARDLES	S OF AMOUNT)	21. DATE	22. AMOUNT		
20. NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	•				
NAME:			<u> </u>		
ADDRESS:					
CITY / STATE:			\$		
NAME:					
ADDRESS:	p-				
CITY / STATE:	•		\$		
NAME:	,				
ADDRESS:					
CITY / STATE:			\$		
			\$		
24. SUBTOTAL: ANY ATTACHED PAGES	+ \$				
25. TOTAL: MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM	\$				
26. IF COMMITTEE MADE ANY LOANS THIS PERIOD, LIST AMOUNT	\$				
27. TOTAL: ALL MONETARY CONTRIBUTIONS AND LOANS MADE TH	\$ (				
28. IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIO	\$				
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#### MISSOURI ETHICS COMMISSION EXPENDITURES MADE - SUPPLEMENTAL FORM

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- PANMALA					
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PURPOSE: The purpose of the Expenditures Made supplement is to provide a printed outline for attaching additional pages to Form CD3 (Expenditures and Contributions Made). This form should be used as additional space for reporting itemized expenditures over \$100 and all payments to campaign workers. This form may be reproduced as needed.

Total all itemized expenditures at the bottom of the page and carry to item 13 (Subtotal: From Any Attached Pages) on Form CD-3.

If further information is needed concerning reporting itemized expenditures, see Form CD-3 Instructions.

ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS  NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT PAID OR INCURRED THIS PERIOD
7-Ackeny Kens 8953 Bester Stylens Me. 63121	2/19/06	Antalleng	\$ 300
Eugene Wallage 9:00 4633 St. Low M6 63168	2/24/06	conjugar	\$ 100
Sommers Prentig P.o. 13+3003421 Stilvers Nr. 63130	3/3/as	Pounting	s 150
Stolons Mo 63121	3/8/06	Installing 5 gms	\$ 400
Fackary Keys 8953 Bos For St. Lais Mr. 63121	4/7/06	Installing Signs	s 100
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		\$	;
TOTAL: ITEMIZED EXPENDITURES			
(CARRY TO ITEM 13 "SUBTOTAL: ANY ATTACHED PAGES"	s	1050	